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Country programme document

United Republic of Tanzania

Summary

The country programme document (CPD) for the United Republic of Tanzania is presented to the Executive Board for discussion and approval at the present session, on a no-objection basis. The CPD includes a proposed aggregate indicative budget of $98,645,000 from regular resources, subject to the availability of funds, and $129,040,000 in other resources, subject to the availability of specific-purpose contributions, for the period July 2016 to June 2021.

In accordance with Executive Board decision 2014/1, the present document reflects comments made by Executive Board members on the draft CPD that was shared 12 weeks before the first regular session of 2016.

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Programme rationale

1. The United Republic of Tanzania, formed in 1964 by the union of Tanganyika and Zanzibar, stands out as a sub-Saharan African country in which post-independence challenges have been tackled in an atmosphere of peace and stability. Multi-party democracy has been successfully introduced building on the foundations laid by the first President, Julius Nyerere. For the past two decades, average growth in the gross domestic product has exceeded 5 per cent per year.[1] The estimated population in 2014 was 50.8 million.[2]

2. In 1999, the Government adopted the Tanzania Development Vision 2025, which outlines plans for a country characterized by a high quality of life; peace, tranquillity and national unity; good governance; an educated and learning society; and a competitive economy producing sustained growth and shared benefits. The country has attracted significant private sector investment, especially in areas linked to natural resources and to information and communication technology. With gross national income at $930 per capita in 2014[3], the country is close to attaining middle-income status.

3. While considerable progress has been made, strong economic growth has not yet led to significant poverty reduction or substantial human development gains. In 2014, the country ranked 159th out of 187 countries and territories in the Human Development Index.[4] While the poverty rate has declined slightly from 33.3 per cent in 2007 to 28.4 per cent in 2011/12[5], significant disparities persist between urban and rural areas, and between and within regions of the country.

4. Notable progress has been made towards the Millennium Development Goal targets: the under-five mortality rate declined from 112 per 1,000 live births in 2004–2005 to 66.5 per 1,000 live births in 2012.[6] Similarly, the net primary school enrolment rate increased from 59 per cent in 2000 to 86.7 per cent in 2013[7]. The prevalence of HIV has fallen from 7.0 per cent in 2003–2004 to 5.3 per cent in 2011–2012 for adults aged 15–49.[8]

5. At the same time, at 432 per 100,000 live births in 2012, the maternal mortality ratio remains high. Chronic undernutrition is pervasive, with the prevalence of stunting at 34.7 per cent.[9] Progress in access to water and sanitation has been slow. An estimated 57.3 per cent of people have access to an improved water source. In rural areas, only 15 per cent of

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[1] World Bank, 'World Development Indicators', <http://data.worldbank.org/indicator/NY.GDP.MKTP.KD.ZG/countries/TZ-ZF-XM?display=default>, accessed 2 October 2015.

[2] United Nations Population Fund, *State of World Population 2014*, UNFPA, New York, 2014, p. 114.

[3] World Bank, 'World Development Indicators', <http://data.worldbank.org/indicator/NY.GNP.PCAP.CD/countries/TZ-ZF-XM?display=graph>, accessed 2 October 2015

[4] United Nations Development Programme, *Human Development Report 2014*, UNDP, New York, p. 162.

[5] Based on the basic needs poverty line of 36,482 Tanzanian Shillings (or $21) per adult equivalent per month (National Bureau of Statistics, *Household Budget Survey 2011/2012*).

[6] Unless otherwise noted, all data are from National Bureau of Statistics, *Population and Housing Census 2012*.

[7] Prime Minister's Office, Regional Administration and Local Government, *Basic Education Statistics in Tanzania (BEST) 2013*.

[8] United Republic of Tanzania, *Global AIDS Response Country Progress Report*, 31 March 2014, <www.unaids.org/sites/default/files/country/documents/TZA_narrative_report_2014.pdf>, accessed 2 October 2015.

[9] Ministry of Health and Social Welfare, *Tanzania National Nutrition Survey 2014*.

the population use improved sanitation. Education quality remains a significant challenge: a mere 57 per cent of students passed the primary-school-leaving examination in 2014.[10] Violence against children is a major concern. A 2009 survey suggests 27.9 per cent of girls and young women aged 13 to 24 years old have reported experiencing sexual violence in childhood – twice as many as boys.[11] Children with albinism are a particular target for violence.

6. The rate of population growth, at 2.7 per cent per year, is among the fastest in the world. Children under the age of 18 make up 51 per cent of the population. Urban populations are expanding by 5 per cent per year.

7. Gender disparities are significant. In 2014, the Gender Inequality Index ranked the United Republic of Tanzania at 159 of 187 countries and territories.[12] Women and girls have limited economic independence and limited access to social services, including education. The literacy rate for women is 73 per cent, compared with 83 per cent for men.[13] Girls are at greater risk of violence.[14] HIV prevalence is 3.8 per cent for men and 6.2 per cent for women.[15]

8. The country has been fortunate not to have experienced any major natural disasters in recent years. Nevertheless, climate change is bringing changing weather patterns and consequent uncertainties, particularly to farmers. The country has also experienced periodic cholera outbreaks.

9. The United Republic of Tanzania has long been a haven for refugees from neighbouring countries. A process of voluntary repatriation, as well as naturalization of some long-term refugee populations, had reduced the numbers of remaining refugees to around 64,000. Political instability in neighbouring Burundi in 2015 has resulted in a new influx of refugees, bringing the number in the United Republic of Tanzania to more than 160,000.[16]

10. In Zanzibar, issues affecting children are dealt with by the various ministries under the Revolutionary Government of Zanzibar. Policies, strategies and plans are developed and implemented independently of the mainland. This can challenge the capacities of both the responsible Government departments and development partners.

11. While barriers and bottlenecks constraining progress for children in the United Republic of Tanzania vary across sectors, a common narrative emerges. Social norms, gender dynamics, poverty and limited support for parents and families hinder the full adoption of caring family practices around health, nutrition, education and protection of

[10] Prime Minister's Office, Regional Administration and Local Government, *Pre-Primary, Primary and Secondary Education Statistics*, 2015.

[11] United Nations Children's Fund, United States Centers for Disease Control and Prevention, Muhimbili University of Health and Allied Sciences, *Violence Against Children in Tanzania - Findings from a National Survey 2009*, 2011.

[12] UNDP, *Human Development Report 2014*.

[13] National Bureau of Statistics, *Literacy and Education Monograph – Population and Housing Census 2012*.

[14] *Violence Against Children in Tanzania*, 2011.

[15] Tanzania Commission for AIDS, Zanzibar AIDS Commission, National Bureau of Statistics, Office of the Chief Government Statistician, and ICF International, *Tanzania HIV/AIDS and Malaria Indicator Survey 2011-12*.

[16] Office of the United Nations High Commissioner for Refugees, <https://data.unhcr.org/burundi/country.php?id=212>, accessed 2 October 2015.

children from before birth through adolescence. Families experience knowledge, physical, financial and legal barriers to access health, education, water, sanitation, social welfare and other services. Access to and the quality of many services are poor due to limited geographic distribution and capacity of service providers, limited availability of supplies, poor maintenance and management practices, low staff motivation due to low salaries and inadequate incentives, weak social accountability mechanisms and limited budget allocations. There is also limited use of monitoring data in decision-making. A focus on economic growth at the policy level diverts attention from the social sectors and places budgets for children at risk.

12. Lessons learned during the 2011–2015 country programme show that good progress is possible despite the challenges. The development of model child protection systems, in which several departments work together at community and district level to provide integrated responses to child protection cases, is a notable success. The approach, which has now been integrated into the country's legislation, regulations and guidelines for child protection, is based on extensive research on violence against children and will be extended throughout the country.

13. The country's impending graduation to middle-income status is likely to affect development finance, with a shift from traditional development assistance to domestic resources and non-traditional sources, including the private sector. It is critical for UNICEF to accelerate engagement in public finance for children, and to work with the private sector to leverage funds for children.

14. This country programme will address key barriers and bottlenecks that prevent children, particularly those who are marginalized, from enjoying their full rights. Change will be prioritized at three levels. First, by promoting family care and protective practices that will nurture all aspects of child and adolescent development. Second, by strengthening the availability of quality equitable services for children, adolescents and families. And third, by supporting policy and budgeting changes to create an enabling environment in each of the programme areas. The programme will monitor emerging trends and the country's development landscape and use evidence and successful pilots to leverage investments for children.

Programme priorities and partnerships

15. The proposed UNICEF country programme for 2016–2021 has been developed concurrently with the United Nations Development Assistance Plan (UNDAP) under the United Nations Delivering as One approach. UNICEF programme priorities fit within, and contribute to, UNDAP outcomes. The UNDAP is informed by, and framed within, the Government's Long-Term Perspective Plan (LTPP) and the Sustainable Development Goals. It has four outcome themes: (a) inclusive growth; (b) democratic governance, human rights and gender equality; (c) healthy nation; and (d) resilience. These themes are the result of a consultation process involving the Government, United Nations and development partners, including national consultations on the incorporation of the Sustainable Development Goals into the national agenda.

16. The UNICEF country programme 2016–2021 is structured around the seven outcome areas of the UNICEF Strategic Plan 2014–2017. The programme components are: (a) Health; (b) HIV and AIDS; (c) Water, sanitation and hygiene; (d) Nutrition; (e) Education; (f) Child protection; (g) Social inclusion; and (h) Programme effectiveness.

17. The **health programme** will support continued reduction in under-five mortality and focus on areas where progress has been slower, such as maternal and newborn mortality. This includes strategic placement of 24-hour emergency obstetric and newborn care facilities; integrated services to prevent vertical transmission of HIV; early infant HIV diagnosis, treatment and care; adolescent-friendly health services; and strengthening health systems at the district level. Strategic communication for development (C4D) efforts to promote healthy family care practices for children and mothers, raise demand for quality services and promote accountability will support the programme. The sustainability of health services will be addressed through appropriate policy improvements, budget analysis and engagement with global health initiatives. Opportunities will be explored to expand the health programme to cover additional areas such as injuries, disabilities and violence.

18. The **HIV and AIDS programme** will continue to build on UNICEF technical expertise and experience in generating disaggregated data for evidence-based HIV policy and programming. The programme will build institutional capacity for national and subnational planning, coordination and supervision of the Tanzania Commission for AIDS and the Zanzibar AIDS Commission key ministries, departments and agencies (MDAs) and selected local government authorities (LGAs). The programme will support increased access for adolescents and key populations to HIV prevention, care, treatment and support services, through innovative C4D approaches and training of service providers on national guidelines and tools. Community- and facility-based approaches proven to increase identification and retention of children and adolescents living with HIV will be harmonized at national level and supported in selected LGAs. A suite of gender-sensitive interventions, including social protection, livelihood skills and comprehensive sexuality education, will help adolescents – especially girls and young women – to reduce their risk of HIV and violence.

19. The **water, sanitation and hygiene (WASH) programme** will focus on promoting: (a) interventions that reduce children's exposure to water and sanitation-related diseases, to prevent diarrhoea and environmental enteropathy[17] to help reduce undernutrition; (b) WASH interventions in schools to improve attendance and well-being of children in school; (c) water supply and sanitation facilities in health centres. The programme will use evidence-based advocacy to leverage funding to scale up sanitation and hygiene promotion and sustainable community water systems. The programme will promote family care practices for hygiene and sanitation improvements, in coordination with related health and nutrition efforts. The WASH needs of refugees and people affected by emergencies will also be supported.

20. The **nutrition programme** will aim to accelerate stunting reduction by scaling up community-based interventions that promote optimal infant and young child feeding practices in the first 1,000 days of a child's life. Communication for development efforts, together with supplementation and food fortification, will also be used to address micronutrient deficiencies. Prevention and treatment of severe acute malnutrition will be scaled up through a network of trained health workers and community health workers. Implementation will be coordinated with other sectors supporting nutrition-sensitive

[17] 'Environmental enteropathy' is a subclinical condition caused by constant fecal-oral contamination and is now widely considered a leading cause of child malnutrition (Korpe P.S, and W.A. Petri, 'Environmental enteropathy: Critical implications of a poorly understood condition', *Trends in Molecular Medicine*, June 2012, vol. 18, no. 6, pp. 328-336.)

interventions – especially health, HIV and AIDS, WASH and early childhood development. Planning, budgeting and nutrition monitoring and information systems will be strengthened.

21. The **education programme** will support the Government's commitment to free basic education, including compulsory pre-primary, primary and secondary education. UNICEF will support the development of cost-effective quality pre-primary learning models and leverage resources for their scale-up. Primary level children's learning outcomes in literacy and numeracy will be improved through the wider use of the proven in-service teacher training package, which includes life-skills-based health, nutrition and HIV education. Innovative, inclusive and alternative learning opportunities for out-of-school children and adolescents will be supported, with special attention given to children with disabilities and adolescent girls. The programme will work to support the elimination of violence in schools and sociocultural practices that impede girls' education through policy guidance, communication, school safety standards, gender-responsive pedagogy and improved counselling services. Policy advocacy, management, monitoring and accountability systems will be strengthened to enhance equity and effective resource utilization and to improve learning outcomes. Experiences will be documented and used to influence education sector policies and strategies.

22. The **child protection programme** will contribute to nationwide scale-up of the child protection systems approach established during the 2011–2015 country programme. The system provides a core set of social welfare, police, health and care services that address key child protection issues, including violence against children, attacks on children with albinism, child marriage and children in humanitarian crises. The protective capacities of parents, children and communities will be strengthened by reaching children in schools and changing the perceptions of parents on gender and use of physical violence in child rearing. The programme will continue to strengthen the capacity of the child justice system to deliver quality, child-sensitive services by judiciary, police, legal aid providers and through community rehabilitation services. Greater emphasis will be placed on the role of relevant social sectors, including health, social protection and education, to ensure identification, referral and case management of vulnerable children and adolescents. Simplified, decentralized birth registration will be extended through local government and health facilities to an additional 10 regions.

23. The **social inclusion programme** will focus on: (a) the development of a child-sensitive social protection system to reduce child poverty; (b) leveraging domestic resources through public finance for children; and (c) data, research and evaluation. Support to inclusive and integrated social protection interventions, including cash transfers, will build on the successful engagement by UNICEF in the national social safety net programme, the progress made in establishing the National Social Protection Framework and the adoption of the Arusha Declaration on Social Protection and the Zanzibar Social Protection Policy. Support to the national statistical system to strengthen the collection, analysis and use of data and evidence across sectors will reinforce national and subnational planning and budgeting, and enhance engagement in policy and programme development and implementation. A strategic research and evaluation agenda will generate evidence on the situation of vulnerable and excluded children and emerging issues affecting child well-being to guide policy decisions and sector programme direction. Advocacy and capacity-building support to government and implementing partners will address key bottlenecks in public finance for children.

24. **Programme effectiveness** will be achieved through enhanced capacity in planning, monitoring, reporting and results-based management. Effective convergence of the various

programme components around parenting, family care practices, early childhood development and adolescents and children with disabilities will be complemented by enhanced capacity in gender and C4D. A multisectoral approach to advancing girls' secondary education and improving adolescent health will be pursued in line with the UNICEF Gender Action Plan 2014–2017. Innovations for improved programme performance, particularly using information technology, will be developed and supported. Coordination and capacity for resilience, disaster risk reduction and emergency preparedness and response, including for refugee populations, will complement provisions made for these in each of the programme components.

Strategies and partnerships

25. The seven implementation strategies of the UNICEF Strategic Plan 2014–2017 will underpin the achievement of programme results. Capacity development of families and communities to adopt appropriate childcare and protective practices and to demand quality services is central to the programme, as is working to strengthen national capacity to deliver and manage quality services. Data and evidence will be used to enhance strategic engagement in policy development and to leverage resources for children. Cross-sectoral linkages will be promoted at family, community, local and national government levels, through supporting improved child care practices and promoting a systems approach to child-centred protection, health and education services. Innovative approaches using new technologies, such as mobile-phone-based birth registration, will be promoted and UNICEF will foster cooperation with other countries in the region to share learning and scale up effective solutions.

26. The strong track-record of engagement with the Government and other global partnerships, such as the Scaling Up Nutrition movement and *Committing to Child Survival: A Promise Renewed*, will continue in the health, WASH, education and child protection sectors. New partnerships, particularly with the private sector and non-traditional donors, will be established, and partnerships with the International Monetary Fund and the World Bank will be strengthened. The UNDAP will form an enabling framework for more effective partnerships with other United Nations agencies.

Summary budget table

Programme component	*(In thousands of United States dollars)*		
	Regular resources	*Other resources*	*Total*
Health	15 000	28 640	43 640
HIV and AIDS	6 000	5 600	11 600
Water, sanitation and hygiene	11 000	22 000	33 000
Nutrition	7 500	32 500	40 000
Education	12 145	15 000	27 145
Child protection	12 000	21 000	33 000
Social inclusion	11 500	3 000	14 500
Programme effectiveness	23,500	1,300	24,800

Total	**98 645**	**129 040**	**227 685**

Programme and risk management

27. This country programme document outlines UNICEF contributions to national results and serves as the primary unit of accountability to the Executive Board for results alignment and resources assigned to the programme at country level. Accountabilities of managers at the country, regional and headquarter levels with respect to country programmes are prescribed in the organization's programme and operations policies and procedures.

28. The UNICEF country programme is an integral part of the United Nations Delivering as One approach in the United Republic of Tanzania and is subject to the governance and accountability structure agreed by United Nations agencies and the Government. Overall policy guidance, including alignment to national development priorities and approval of annual workplans, is provided by the Joint Government and United Nations Steering Committee. The United Nations country management team, led by the United Nations Resident Coordinator, manages the planning and implementation of the UNDAP. Thematic results groups, led by heads of agencies, facilitate programmatic discussions, including identification of joint programming opportunities and common partner engagement. Other inter-agency bodies are established for programme and operations management, communication and emergency response coordination.

29. The three most significant risks identified for the country programme are: weak implementing partner capacity; misuse of funds; and reduced availability of funding. These risks will be addressed through the capacity-building initiatives described in the programme components. Efforts will be made to ensure adequate internal capacity to fully implement procedures related to the harmonized approach to cash transfers (HACT) and to pursue effective resource mobilization.

30. Internal management mechanisms, including the UNICEF country management team, programme management team, partnership review committee, HACT oversight team and research oversight group, are responsible for enhancing the quality, efficiency and effectiveness of the programme.

Monitoring and evaluation

31. Monitoring of the UNICEF programme is linked to the overall monitoring of the UNDAP, with consistency of results and indicators, together with an emphasis on the use of data gathered from national systems. All programme components include an element of strengthening national and local monitoring systems. The social inclusion component supports overall national monitoring capacity, particularly through engagement with the National Bureau of Statistics/Office of the Chief Government Statistician (Zanzibar) under the umbrella of the Tanzania Statistical Master Plan.

32. UNICEF programme components have been developed using a theory of change approach, based on the Monitoring Results for Equity System (MoRES) that enables clear elaboration of result chains and identification of appropriate monitoring indicators at all levels. This will be used in the preparation of the detailed Integrated Monitoring and

Evaluation Plan. Monitoring of the programming environment will be facilitated by the rolling situational analysis tool.

33. Evaluations are planned under all programme components, as set out in the costed evaluation plan presented in conjunction with this CPD. An overall external evaluation of the UNDAP will likely take place in the penultimate year of the country programme.

Annex

Results and resources framework

United Republic of Tanzania - UNICEF country programme of cooperation, July 2016–June 2021

Health							
Convention on the Rights of the Child (hereinafter 'Convention') articles: 6, 24 **National priorities**[1]: *VISION 2025* Target 1. High-quality livelihood – Access to quality primary healthcare, reproductive health services for all, reduction in infant and maternal mortality rates. Long-Term Perspective Plan (*LTPP*) 3.11.2. Health.							
UNDAP outcome: 1. Improved access to equitable, acceptable and affordable quality health services. **Indicators:** a) Percentage of national budget allocated for health; b) Percentage of births attended by skilled personnel; c) Percentage of facilities with no stock-out of essential tracer medicines, vaccines and commodities; d) Percentage of children fully immunized (as recommended by national vaccination schedules).							
UNICEF Strategic Plan outcome: 1. Health.							
UNICEF outcomes	**Key progress indicators, baselines (B) and targets (T)**	**Means of verification**	**Indicative country programme outputs**	**Major partnerships, partnership frameworks**	**Indicative resources by country programme outcome: regular resources (RR), other resources (OR)** *(In thousands of United States dollars)*		
					RR	**OR**	**Total**
Effective coverage of high-impact reproductive,	Percentage of births attended by skilled personnel Baseline[2]: 50.5% (ML) 53.7% (ZNZ)	District Health Information System (DHIS)	1. Strengthened enabling environment (health policy, health system and	Ministries, departments and agencies	15 000	28 640	43 640

[1] National priorities taken from National Planning documents: VISION 2025; LTPP 2011/12 – 2025/26.

maternal, neonatal, child and adolescent health (RMNCAH) interventions	Target: 80% (ML) 80% (ZNZ) Percentage of districts with DTP3 coverage below 80% B: 10% of districts (ML, ZNZ) T: <5% of districts (ML, ZNZ) Percentage of pregnant women living with HIV initiated on antiretroviral treatment B: 74% (ML) 70% (ZNZ) T: 90% (ML) 90% (ZNZ)	Health Management Information System (HMIS); Health Bulletin (ZNZ) Annual PMTCT programme report UNICEF/WHO Joint Reporting Form Tanzania Demographic and Health Survey	sector coordination strengthened) 2. District health system strengthened in evidence-based planning and monitoring 3. Improved capacity at the subnational level for effective delivery of quality RMNCAH services, including eliminating new HIV infections in children and keeping mothers alive, and paediatric HIV services 4. Individuals, families and communities are supported to practice healthy behaviours	(MDAs) responsible for health, finance and local government Regional and district health authorities Development Partners Group for Health WHO			
HIV and AIDS							
Convention articles: 2, 24 **National priorities:** *VISION 2025* Target 1. High-quality livelihood – Access to quality primary healthcare, reproductive health services for all. *LTPP* 3.14.2. HIV and AIDS VISION 2025 Target 1. High-quality livelihood – Gender equality and the empowerment of women in all socioeconomic and political relations and cultures. *LTPP*: 3.14.1. Gender							
UNDAP outcome: 3. Improved, scaled up and equitable use of proven HIV prevention, treatment, care and support interventions. 4. Women and girls increasingly participate in political and public life and are elected to leadership positions. **Indicators:** a) Percentage of people who have more than one sexual partner who used a condom at last sexual intercourse, by sex and age; b) Percentage of							

1.

[2] Baselines and targets are disaggregated between Mainland Tanzania (ML) and Zanzibar (ZNZ) unless data are not available.

HIV-infected infants among HIV/AIDS exposed children born in the past 12 months; c) Status of national gender policies that promote gender equality and women's empowerment and address discrimination against women and girls.							
UNICEF Strategic Plan outcome: 2. HIV and AIDS							
Improved, scaled up and equitable use of proven HIV prevention, treatment, care and support interventions	Proportion of people aged 15–24 years who have more than one sexual partner who used a condom at last sexual intercourse (ML only) B: 34% (female) 41% (male) T: 75% (both) Proportion of adolescent females and males aged 15–19 years who received an HIV test and know the results in the past 12 months (ML only) B: 21% (female) 13% (male) T: 40% (both) Proportion of key populations who received an HIV test and know the results in the past 12 months (ZNZ only) B: To be determined in upcoming Integrated Biological and Behavioural Survey (2016) T: 80%	Tanzania HIV/AIDS and Malaria Indicator Survey 2011/2012 (THMIS) Tanzania HIV/AIDS Impact Assessment 2015–2016	1. Strengthened national and subnational capacity for qualitative and quantitative data collection on adolescents, disaggregation (age and sex), analysis and use across sectors and in selected LGAs 2. Adolescents and key populations have increased access to quality HIV prevention, care, treatment and support services in selected LGAs 3. Adolescent girls and young women have access to social and economic assets in selected LGAs	Tanzania Commission for AIDS Zanzibar AIDS Commission Prime Minister's Office Regional administration and local government Tanzania Social Action Fund (TASAF) Development partners United States Centers for Disease Control and Prevention World Bank UNAIDS Youth networks	6 000	5 600	11 600
Water, Sanitation and Hygiene (WASH)							
Convention articles: 6, 24							

National priority: *VISION 2025* Target 1. High-quality livelihood – Universal access to safe water. *LTPP* 3.11.3. Water supply and sanitation							
UNDAP outcome: 5. Vulnerable groups have increased access to safe and affordable water supply, sanitation and hygiene **Indicators:** a) Percentage of population using improved safe drinking water source; b) Percentage of population/households using improved toilets							
UNICEF Strategic Plan outcome: 3. Water, sanitation and hygiene							
Vulnerable children are born, stay and live in improved hygienic environments with adequate safe water supply and sanitation facilities at home, schools and health facilities.	*Water* Percentage of population using improved safe drinking water source B: 57.4% (national) 83.2% (urban) 44.6% (rural) T: 90% (national) 95% (urban) 80% (rural) *Sanitation* Proportion of population/households using improved toilets B: 34.1% (national) 71.9% (urban) 15% (rural) T: 63% (national) 85% (urban) 30% (rural) *Open defecation* B: 7.8% (national) T: < 4% (national)	2012-2021 national surveys (census, TDHS, THMIS, etc.) (ML and ZNZ)	1. MDAs are better able to formulate policies, plans and guidelines for equitable and sustainable management of WASH 2. Selected LGAs have enhanced capacity to deliver equitable and sustainable WASH services 3. Enhanced capacity for children in schools and health-care facilities to access sustainable, inclusive WASH services in selected LGAs 4. Enhanced support to children and families leading to sustained use of safe drinking water, building and using sanitation facilities, and adoption of hygienic practices in selected LGAs	MDAs responsible for water, health, education LGAs WASH sector development partners	11 000	22 000	33 000
Nutrition							

Convention articles: 6, 24, 27 **National Priority:** *VISION 2025* Target 1. High-quality livelihood – Access to quality primary healthcare, reduction in infant and maternal mortality rates. *LTPP* 3.11.2. Health.							
UNDAP outcome: 2. Increased coverage of equitable, quality and effective nutrition services among women and children under five. **Indicators:** a) Percentage of infants aged 0–5 months who are exclusively breastfed; b) Percentage of children aged 6–59 months who receive vitamin A supplement during the previous six months; c) Percentage of children aged 0–59 months with severe acute malnutrition (SAM) appropriately treated.							
UNICEF Strategic Plan outcome: 4. Nutrition.							
Increased coverage of equitable, quality and effective nutrition services among children under 5 years old	Proportion of infants aged 0–5 months who are exclusively breastfed B: 41.1% (national) 41.8% (ML) 19.7% (ZNZ) T: 50% Proportion of children aged 0–59 months with SAM appropriately treated B: <5% (national) <5% (ML) 25% (ZNZ) T: 75% Proportion of children aged 6–59 months who received vitamin A supplement during the previous six months B: 72.7% (national) 72.6% (ML) 58.2% (ZNZ) T: 90%	Tanzania National Nutrition Survey Tanzania Demographic and Health Survey (TDHS) Project baseline/ endline studies DHIS	1. Improved infant and young child feeding services available 2. Improved integrated management of severe acute malnutrition services available 3. Improved micronutrient supplementation and fortification services available	Scaling Up Nutrition (SUN) Multisectoral Platform High-Level Steering Committee for Nutrition United Nations Network for SUN Development partners, donor Governments Children's Investment Fund Foundation Prime Minister's Office MDAs responsible for health, finance and local	7 500	32 500	40 000

				government Tanzania Food and Nutrition Centre Tanzania Food and Drugs Authority			
Education							
Convention articles: 28, 29 **National priority:** *VISION 2025* Target 1. High-quality livelihood – Universal primary education, eradication of illiteracy, attainment of tertiary education and training. LTPP 3.11.1. Education and training.							
UNDAP outcome: 6. Enhanced equitable and inclusive access to quality basic education and lifelong learning. **Indicators:** a) Percentage of Standard 2 learners achieving the national benchmark on reading with comprehension (Mainland); b) Percentage of children of primary school age out of school in United Nations-supported regions; c) Percentage gross completion rate for girls and boys secondary education (O-level) in United Nations-supported regions (Mainland).							
UNICEF Strategic Plan outcome: 5. Education							
Improved and equitable access to and completion of quality, inclusive basic education with a focus on improving learning outcomes	Number of children of primary school age out of school B: 413,530 girls 466,958 boys (ML) 41,000 girls 44,000 boys (ZNZ) T: < 50,000 (both girls and boys) (ML) <5,000 (both girls and boys) (ZNZ) Gross secondary education completion rate for girls and boys in UNICEF-supported regions (ML only) B: 42.4% 38.5% (girls) 46.5% (boys)	Basis Education Statistics (BEST) (ML) Education Statistical Abstract (ZNZ) National Baseline Assessment for the 3 Rs (reading, writing, arithmetic) Out-of-school children study Annual	1. Relevant MDAs and selected LGAs and communities have enhanced capacities to deliver quality and relevant formal basic education 2. Relevant MDAs, selected LGAs, schools and communities have increased capacities to ensure inclusive access and completion of basic education, especially for the most vulnerable children and adolescents, in a safe	MDAs responsible for education and vocational training LGAs Global Partnership for Education World Bank UNESCO Development partners Early Childhood	12 145	15 000	27 145

	T: 50% 48.5% (girls) 51.5% (boys) Drop-out rate in primary education (ZNZ only) B: 20% T: 5% Proportion of Standard 2 learners achieving the national benchmark on reading with comprehension (ML only) B: 8% T: 14%	statistical abstract National budget speeches	and protective environment 3. Relevant MDAs and select LGAs and CSOs have improved capacities to formulate, implement and monitor evidence-based policies, strategies and plans	Development Network NGOs			
Child protection							
Convention articles: 9, 19, 25, 40 **National priority:** *VISION 2025* Target 2. Good Governance and the Rule of Law. *LTPP* 3.12. Governance							
UNDAP outcome: 7. Enhanced prevention of and response to violence against women and children. 8. National governance is more effective, transparent, accountable and inclusive. **Indicators:** a) Percentage of population in selected districts who express confidence in the ability of the police and judiciary to effectively deal with cases of violence against women and children; b) Percentage of girls, boys and ever married women experiencing physical, sexual and emotional violence.							
UNICEF Strategic Plan outcome: 6. Child protection							
Girls and boys have access to and are better served by a national child protection system that prevents and responds to physical, sexual, and emotional violence, abuse, neglect, exploitation, and	1. Proportion of girls and boys experiencing physical, sexual and emotional violence Physical violence (females) B: 74% (ML) 61% (ZNZ) T: 50% (ML) 50% (ZNZ) Physical violence (males)	National Survey on Violence against Children TDHS Prison/detention centre registers Under-5	1. Communities have the capacity to effectively prevent and respond to practices and behaviours harmful to children 2. National duty bearers are able to deliver comprehensive child protection prevention and response services for children at risk or in	MDAs responsible for health, social welfare, police, justice, prisons, community development and birth registration LGAs NGOs (Save	12 000	21 000	33 000

harmful social practices, and ensures children have adequate adult care.	B: 72% (ML) 71% (ZNZ) T: 50% (ML) 60% (ZNZ) Sexual violence (females) B: 28% (ML) 6% (ZNZ) T: 20% (ML) 5% (ZNZ) Sexual violence (males) B: 15% (ML) 9% (ZNZ) T: 10% (ML) 7% (ZNZ) Number of children in detention per 100,000 children B: 6.3 (ML) 6.2 (ZNZ) T: 50% reduction Proportion of children under age 5 who are registered (ML only) B: Ranges between 2.4% and 24.3% in target regions T: 95% children of age 0–1 and 75% of children aged 1–5 years registered in 10 regions	registration dashboard	need of care and protection 3. A strong enabling environment that promotes the legislative, political, budgetary and institutional factors that ensure protection of children 4. Strengthened capacity of national Civil Registration and Vital Statistics system	the Children, Plan International and others) Development partners Global Partnership to End Violence Against Children			
Social inclusion **Convention articles**: 7, 12, 26. **National priority:** *VISION 2025* Target 1. High-quality livelihood – Absence of abject poverty. *LTPP* 3.14.4. Social Protection. **UNDAP outcome:** 9. Increased coverage of comprehensive and integrated social protection for all, especially the poor and vulnerable. 8. National governance is more effective, transparent, accountable and inclusive.								

Indicators: a) Percentage of poor and vulnerable children benefitting from social protection; b) Percentage of social protection expenditure in the national budget.							
UNICEF Strategic Plan outcome: 7. Social inclusion							
Child poverty (monetary and multidimensional) is reduced through quality, evidence-based policies, programmes and budgets for all children, especially the most marginalized, at national and subnational levels	Proportion of public budget directed to social sectors (ML only) B: Health and nutrition 8% Education 19% WASH 4% Social protection 1.7% T: To be determined Number of poor and vulnerable households and children benefiting from social protection B: 260,000 households 1,356,000 children T: 1,250,000 households (i.e., 50% of households living below the basic needs poverty line) 6,500,000 children (i.e., 50% of children living below the basic needs poverty line)	Tanzania national budget documents Social protection programme reports Household budget surveys	Strengthened national and subnational capacity to:- 1. Develop and implement a child-sensitive, inclusive and integrated social protection system 2. Formulate and execute equity-focused policies and budgets for increased and improved investments in children 3. Collect and analyse data on the situation and progress of children, particularly the most marginalized	MDAs responsible for finance, health and social welfare, community development, women and children TASAF National Bureau of Statistics Development partners: UNDP ILO European Union World Bank NGOs: Policy Forum, Children's Dignity Forum, World Vision, Save the Children, Watoto Salama, and others	11 500	3 000	14 500

Programme effectiveness							
Improved efficiency and effectiveness of UNICEF and partners across all outcome areas	Programme effectiveness outcome will be monitored through UNICEF organizational management indicators	InSight and regional dashboards Country management team reports Audits	Programme planning and monitoring is effectively achieved through a results-based management approach Cross-cutting capacity for communication for development, gender and promoting child participation is increased for improved coordination and convergence Child rights issues are effectively promoted through media communications and advocacy National partners are supported to effectively prepare for, mitigate and respond to emergencies Refugee children are protected and have access to basic services	Ministry of Finance Prime Minister's Office, Regional Administration and Local Government Regional and LGAs United Nations agencies Media and communication s agencies Disaster Management departments NGOs supporting emergency and refugee responses	23 500	1 300	24 800
Total resources					**98 645**	**129 040**	**227 685**